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ABSTRACT

At The Ohio State University Hospitals Education and Training Department, a data-based strategic planning and coordinating model is being developed to ensure that the educational mission is responsive to the trends and forces affecting the hospital unit and individual productivity. This model is being implemented in order to attempt to meet the education and training needs of the hospital staff on a future-oriented basis, rather than as reaction to crises. Key to the implementation of such a model is the development of closer ties between the training department staff and the staff of the various units. To that goal, educational liaisons from the training staff are establishing relationships with the units in order to become familiar with the everyday operating procedures and problems of the unit, and to be able to spot training needs and to develop programs to meet those needs from an "inside" base, rather than imposing programs from outside. The educational liaisons establish need for training, devise training strategies to meet those needs among the individual units, and receive feedback about the programs implemented. A constant effort is made to keep the education and training department apprised of new needs or needs that are being served inappropriately, so that new strategies can be implemented. In addition, an effort is being made to inform line managers of their needs and how the training function is serving them and increasing the productivity of their units. (KC)

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PLANNING FOR TOMORROW : INCREASED PRODUCTIVITY THROUGH EDUCATION AND TRAINING

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PLANNING FOR TOMORROW : INCREASED PRODUCTIVITY
THROUGH EDUCATION AND TRAINING

The impact and influence of a (hospital wide) education and training department is related to its ability to plan and to deliver the right service to the right person at the right time and at the right cost. Human resource development managers need to be able to identify and have a working knowledge of all major components, including methods, processes and the practices of disciplines that affect education and training planning and delivery. Having a strategic planning and coordinating system can enable managers to forecast, to plan, and deploy resources which result in increased productivity.

Line managers usually initiate requests to an education and training department to alleviate a current crisis or have an action response to an urgent operational problem. Failure of the line to have a clear understanding of the educational process, and failure on the part of the education and training staff to have the necessary management skills, technical expertise and knowledge of the work area to discharge properly their responsibilities, leads to resource development by crisis. Crisis management and crisis response invalidates the education and training mission - forecasting and anticipating hospital wide human resource development needs.

The Education and Training Department of The Ohio State University Hospitals is attempting to alter this traditional mode by having their staff moving from the role of a "guest" in the work environment to a role

of involvement in the work environment. This approach will allow them to develop a clearer understanding of the indicators of productivity in the work environment before a Human Resource Development plan is developed and implemented. At The Ohio State University Hospitals Education and Training department, a data based strategic planning and coordinating model is being developed to ensure that the educational mission is responsive to the trends and forces affecting the hospital unit and the individual productivity.

Recent HRD literature has focused on declining productivity as the central issue around which education and training departments must focus.[1,2] Productivity can be simply defined as the level of output for a given degree of input. Two major factors in measuring output are effectiveness and efficiency. Effectiveness includes indicators which are related to the frequency with which an organization meets its objectives, while efficiency is related to the number and intensity of resources used in the process of achieving objectives.[3] The emphasis on productivity has caused human resource development managers to focus on quantifying education and training input. Common measures include learner contact hours, curriculum development hours, instructor preparation time and number of participants. While these measures are useful tools for explaining and often justifying education and training department existence, the real issue of productivity is circumvented. Training and education departments often fail becuase the benefits of training and education are not clearly described nor made visable to management. For the staff education and training department, the issue is not one of internal productivity, efficiency, but a challenge to devise methods to measure the impact of training and education on hospital, department, and

individual line employee productivity, effectiveness. Human Resource Development consultants imply that appropriate training and education productivity measures must communicate to management that:[4, 5]

- the education and training department understands the work of the organization, the nature of the work force and the special characteristics of the work unit and that,
- education and training staff provide consultation to line managers in addition to providing programs in order to share accountability and responsibility with management for human resource development needs, and
- the right training is delivered to the right people at the right place and time.

The key to productivity for the education and training department is dependent upon establishing strong cooperative linkages with the line departments in order to provide quality education and to deliver services which makes maximum use of scarce human, economic, and material resources.[6]

The Ohio State University Hospitals' Education and Training Department's productivity model advocates a change in emphasis from documenting educating and training efficiency exclusively, to documenting the manner in which education and training assists management to establish predictive action plans. Understanding the work environment, providing consultation, and delivery of the right service based on a sound data base become the tools for organizing a productive and responsive HRD function.

PLANNING FOR PRODUCTIVITY

A key concept around which education and training is building its productivity strategy is educational liaison. The educational liaison

concept recognizes two fundamental assumptions:

> First, the responsibility for human resource development is shared between line management and a staff education and training department which provides the critical pathways enabling management to carry out the training and education responsibility.
> Second, staff education and training department is responsible for coordinating and insuring quality learning experiences. Coordination is a planned and deliberate process for organizing and conducting differentiated activities with diverse participants in order to achieve organizational goals with minimum friction, duplication of effort, and with maximum collaborative effectiveness.[7]

Designing critical pathways recognizes that the education and training department functions as part of the overall information coordinating system, i.e., the system which acquires, processes, transmits and uses information which can be used to determine action plans for unit and organizational effectiveness and for collaborating with the line in researching needs and issues concerning human resources.

The education and training department achieves coordination through voluntary means as contrasted to hierarchial or administrative means. A voluntary approach depends upon the willingness and ability of individuals or groups to integrate their activities with those acitvities of other departments. The liaison approach attempts to maximize voluntary coordination.

As an information coordinating network, education and training departments are a part of the organization's preventive coordination system. Education and training is most productive when its programs prevent the occurrence of anticipated problems or at least minimize the impact of actual

problems. This approach is to be contrasted with the usual mission of education and training, corrective coordination, those activities that rectify an error or correct a dysfunction in an organization after it has occurred.

The liaison management approach reflects the problems and concerns arising from the environment and the implications of these environmental constraints and opportunities for human resources and strategic organizational decisions. The process requires systematically obtained data to plan for and to anticipate the future. The objectives of the Educational Liaison model are threefold.

1. To investigate the performance problems confronting the employee group in order to acquire data on which to design education and training plans.
2. To initiate and foster staff and line involvement in the assessment or investigation of various problems and in planning for increased productivity.
3. To evaluate the effectiveness of education and training programs in terms of performance improvement and productivity outcome.

UNDERSTANDING THE CLIENT'S ENVIRONMENT

One goal of the liaison management strategy is to acquaint education and training staff with the daily problems and practices of the client unit. Education staff are expected to become familiar with the staff, technology, policies, procedures, and learning needs of the assigned unit. The liaison should be able to anticipate unit learning problems. In learning as much as possible about the manager's business the liaison begins to move from the role of providing only educational activities to a forecasting role for

the unit. Education and training becomes a means for enabling a unit to envision the future and plan for experiences which will move the unit towards that future.

The forecasting role involves an accurate assessment of performance needs involving both the education and training staff and the client. Whenever evidence of declining productivity (either effectiveness or efficiency) arise, consensus on indicators as well as a strategy for problem identification is required. Data from a variety of sources in the problem area needs to be collected and analyzed.

Becoming involved in the decision making process of the linked unit is developed in a gradual and non invasive manner. Education and training staff develop understanding of assigned units according to a four phase implementation plan. Each stage of the implementation plan is designed to increase the scope of possible HRD interventions and to increase the educator's knowledge about the unit. The four phases include:

Establishing a Relationship with the Unit

The objective of this phase is to identify unit personnel who will be responsive to the concept of a planned and systematic approach to inservice activities and to establish definition of roles and responsibilities of each line department and of the linking pin.

The tasks include:

1. Establishing a relationship with department head, unit manager or head nurse.
2. Explaining mission of Education and Training Department and the philosophy of the linking pin concept.

Conducting a Diagnostic Inventory

The objective of this phase is to identify resources at the unit level which can be used to support the HRD function. Resources would include training and education plans, personnel with specific skills and interest in instructional activities, materials available, financial resources, etc.

The tasks include:

1. Reviewing present training documents available.
2. Reviewing training records in light of recommendations received from JCAH site visit.
3. Conducting interviews with individual staff to determine inservice needs.

Designing an Organization for Training

The purpose of this phase is to assist the line manager in organizing the HRD effort. At the conclusion of this phase a written plan should be available describing the manner in which instructional opportunities are to be conducted and reviewed.

The tasks include:

1. Establishing a unit inservice task force to review training priorities and programs.
2. Developing a training calendar which is realistic, achievable, and performance oriented.
3. Setting up training documentation system which will reflect inservice required by the hospital, by accreditation bodies, and by the unit. (Training record will be standardized throughout the hospital)
4. Providing initial support necessary to begin the inservice plan.

Maintenance

This is an ongoing phase in which the linking pin assists the unit to continue to develop and implement inservice activities.

The tasks include:

1. Establishing periodic review schedules to assess impact of inservice activities on the unit.
2. Continuing communication and coordination functions.

Analysis of information obtained from each phase leads to identification of real performance deficiences. Advanced planning precludes taking actions or activities which would expend training resources in a less cost efficient manner. Once needs are identified it must be determined if the issue is isolated to one area or a problem which requires a coordinated and shared approach which can maximize resource utilization and, more importantly, demonstrate system wide impact. Knowledge of the operating environment of each unit can greatly influence the decision making process.

PROVIDING CONSULTATION TO CLIENTS

To accomplish the second objective, education and training mission staff function as learning consultants to line departments. The learning consultant serves as a linking pin to bind the learning resources needed by the client with the learning resources available from the internal and external environment. The liaison assists the line manager to design pathways for acquiring and utilizing information. More importantly, information gathered from the linked units allows the education and training staff to develop a unified and realistic plan for the allocation of human, material and financial resources for program development. (See Diagram I)

Five principles guide the education and training staff in accomplishing their role as consultant. These guidelines assure that data will be systematically collected for making training decisions and that decisions will be analyzed in light of the actual operating needs of the unit. These five

guiding principles are:

1. As a liaison each individual staff member must be able to perform common educational tasks for the unit.
2. Specialized educational tasks will be provided by selected members of the Education and Training Department. Selected staff members will perform skills appropriate to the learning specialist role. Internally, the Education and Training Department will interact with line departments as a matrix organization. However, only one individual will perform the communication and coordination function for a department.
3. It is the responsibility of the unit to provide education and training opportunities for individual employees. The liaison assists and supports but does not implement or instruct in all activities of the unit.
4. The liaison reviews learning plans in terms of cost effectiveness and sound educational practice.
5. The liaison need not be a content specialist in the department for which advice and support will be provided.

The specific common consultant tasks involve planning, organizing, communicating and coordinating, and evaluating. It should be noted that specific tasks are accomplished during each of the implementation phases.

COMMON EDUCATIONAL TASKS:

Individual tasks performed by members of the Education and Training staff at the unit level.

Planning

1. Reviews with unit personnel information on unit goals, objectives, staffing patterns, work processes to familiarize self with the possible learning needs of the unit.
2. Selects, plans, and/or implements various performance analysis strategies to determine learning needs of the unit.

3. Surveys internal resources which could be used for instructional events.
4. Assists line managers with setting training priorities based on identified unit needs and goals in accordance with legal, JCAH, hospital and individual needs.
5. Develops with unit personnel an inservice calendar (plan) for specified period of time.

Organizing

1. Develops relationship with line managers and/or identifies individuals within the department responsible for learning activities.
2. Stimulates the formation of unit level inservice task forces.
3. Establishes record keeping system consistent with data required by accreditating and professional organizations and in compliance with legislative statutes.
4. Develops unit communication system for publicizing and posting instructional opportunities.
5. Advises and consults with the line manager in developing unit policies regarding selection of personnel to attend inservice opportunities and provides advice on related educational matters.
6. Arranges for training support systems i.e., time, resources funds.

Communication and Coordination

1. Communicates training needs of the various units to Education and Training Department.
2. Communicates resources and services of the Education and Training Department to the unit.
3. Suggests and recommends strategies for incorporating unit needs with hospital wide needs.
4. Identifies unit personnel who could serve as resources for hospital wide programs.
5. Encourages sharing of material resources among units.

Evaluation of Instructional Activities

1. Advises on the feasibility of conducting education and training programs at the unit level in terms of cost effectiveness, needs and results of prior training programs.
2. Advises the line of deficiencies which can and which cannot be corrected by an instructional program.
3. Facilitates performance based training and educational programs.
4. Selects appropriate evaluation strategies to assess impact of training.
5. Provides written reports to the line describing accomplishment of training objectives.
6. Suggests modification in training design based on results of evaluation data.
7. Prepares and submits reports of unit accomplishments, programs, and problems amenable to an instructional intervention to the HRD managers and staff.

The education and training staff are also developing an HRD feedback loop to validate knowledge obtained form linked units. In periodic meetings, case data is presented by individual staff members. As consultants to each other staff share insights, thoughts, and offers of assistance. Perceptions are validated through presentations of similar experiences, analysis of environmental influences and data obtained from the Education and Training information system. Thus, not only do staff coordinate learning needs of linked units, but experiences gained provide a ready source of case material for staff development.

Right training at the Right time

The need to deliver the right training to the right client at the

right time is an essential third element in The Ohio State University Hospitals' Department of Education and Training model. Our approach to productivity includes the development of unit learning plans, individual learning plans, and a data based information loop.

The unit learning plan is a document which describes the competencies required to function effectively on a particular unit. The plan is developed by the manager and the liaison from education and training. The plan specifies time and place for training, topics to be addressed and personnel who may be required to attend. The unit learning plan addresses the functioning of the unit as a team.[8]

The individual learning plan is a document which identifies the specific competencies required of an individual assigned to a unit. The individual learning plan becomes a management tool to assist the manager in reviewing the developmental needs of individuals. The individual learning plan specifies the competency level required, the level currently possessed, the learning opportunities available and the methods and means for accomplishment.[9] Again the liaison assists the manager in assessing individual and unit skills. The coordination of the two plans leads to a system for individual and collective training. By establishing unit and individual training plans the education and training staff demonstrate understanding of the work of the organization, nature of the work force, and the

special characteristics of the work unit. The nature of services provided also accomplishes the task of providing counselling and consulting to line managers on problems of productivity.

Using the Education and Training Management Information System

Further confirmation of the effectiveness of the education and training mission is provided by our data information system. Analysis of data demonstrates that the right training is indeed delivered to the right client at the right time. The basic input elements for the educational management information system are program enrollments and program development.

A monthly report "employee class statistics in course name" (Exhibit I) is generated from the following data elements:*

a. employee working title - identifies program participants
b. cost center - identifies client served
c. shift - identifies organizational component

The class statistics report - answers the question, "How many individuals in what titles from a given area by shift participated in a given educational offering?".

A composite analysis describes the scope and depth of education and training intervention (Exhibit 2). For each program offered HRD management can compare the degree of actual participation to the expected level of client support. Adjustments in planning efforts can be made in order to target for underserved groups and to eliminate offerings for which client needs may be expressed but actual support is low.

* Copies of data sources will be found at the end of the paper.

An examination of trend data can suggest immediate changes in either programming or the delivery system. For example, acid-base balance courses in the acute care series for medical/surgical nurses exhibited a narrow band of support; two cost centers accounted for all of the enrollments and four titles from the day shift were represented. Our needs assessment indicated high need from all medical/surgical units with an expressed interest in acid-base balance. Between the initial request and program implementation did the environment significantly change to alter the need for the program or was an inappropriate instructional delivery mechanism chosen?

A second example is provided by our basic supervision program. Twenty-seven titles from thirty five cost centers were represented in our basic management program indicating a broad band of support. However, analysis of trends revealed that medical technology supervisors were underrepresented according to an expressed need for first line supervisory training. Had the medical technician need lessened or again was a problem in delivery of service evident?

Changes were made in both programs based on the data. Data obtained from liaisons confirmed continued need for the program. In the acute care series an alternative to classroom instruction was made with independent study modules. Medical technology supervisors were encouraged to participate in leadership programs delivered right in the lab. Both these interventions resulted in significant improvements in participation rates.

Additional information can be obtained from analysis of employee Identification numbers. Identification numbers are assigned according to

the year of initial employment. Reviewing Identification numbers provides information on the experience levels of participants and in some instances provides insight on the manner in which participants are selected for programs. Data becomes an indicator that adjustments may have to be made in time, location, instructional strategy, or in the program itself. Analysis of enrollment trends helps to match actual participation rates against predicted participation rates in terms of who attends and how many attend.

Another useful report is the "Course Statistics in Course Source" report (Exhibit 3). This report consists of the following data elements:

- course source : identifies originator of program ideas; e.g., education and training, line department, administration, etc.
- course category : identifies learning areas; e.g., medications, leadership, clinical procedures, etc.
- course sponsor : identifies specific organizational element responsible for the program
- enrollment and clock hours : indicates activity level

This report describes activity levels among departments within specific learning areas. Analysis of trend data can highlight learning areas which are receiving the most emphasis. Comparisons can be made with resources expended against accomplishments of specific programs. The report answers the question of efficiency and effectiveness. Are programs offered really the programs needed by the hospital and by units? Are human, financial, and material resources producing the expected outcomes?

This report also details the activity of units against needs identified by the liaison in the unit training plans. Analysis of data at one point revealed that sixty per cent of staff education and training programs and resources were allocated for nursing service programs. The appropriateness of this assignment can only be evaluated against the actual outcomes of the intervention. Over time different departments may require more resource allocation to produce significant changes in productivity. Hospital wide responsibilities does not necessarily imply equal distribution of resources among hospital departments.

Review of unit level activity against staff education and training sources of influence also provides a measure to gauge success in consulting with units rather than originating programs for unit use. During the time period September 1980 - March 1981, seventy-three courses were registered on the education and training management information system. Thirty per cent of all courses were sponsored by line departments with staff education and training assistance. Fifty-two courses were sponsored by the staff education and training department. Forty-five were originated by the staff department and seven were required by policy. Thus the staff education and training department is essentially proactive with regard to introducing learning experience into the hospital environment but needs to stimulate units to develop more of their own inservice or at least to better document inservice education.

The Education and Training information management system has also led to the development of a human resource development communication network between management and The Ohio State University Hospitals' Education and

training department. Through the network accomplishments as well as indicators for change are communicated to management. Information communicated becomes a management tool to:

- assist managers with selecting and counselling employees for education and training programs
- standardize reporting and recording of employee participation
- assist managers in planning educational programs to meet internal and external accreditating body standards

Each month, managers receive a set of activity reports generated by the education and training department. Activity reports detail program and participant trend data.

Four reports are issued to each department manager and hospital executive:

The course detail listing highlights programs sponsored by the unit with enrollment summaries. This report can be used to illustrate departmental efforts in education and training.

The individual by cost center report lists the programs attended by employees assigned to a specific area. This report makes it possible for managers at a glance to assess the current status of employee educational activities.

The individual employee detail by name is a transcript for employees describing participation in hospital sponsored and approved instructional programs. This report is used to counsel employees during performance appraisals.

Special reports by job titles, shift, sex, age, race and other demographic variables are available by request.

The data base is a tool that managers are finding useful in planning both programs for identifying employees in need of meeting educational requirements. Thus the education and training data system does provide feedback on the success of coordinating efforts and does serve as an indicator of changes in HRD planning and programming.

Conclusion:

The Ohio State University Hospitals' Education and Training Department model was designed and implmented based upon principles of effective organizational practice. These principles were:

1. Clarify the parties to the educational process
   a. What is the educational system?
   b. Who is the client system?
2. Assess and create the degree of readiness appropriate to an effective education exchange.
3. Extend the relevant and available resources.
4. Design the social system first to operate the technical system.
5. Develop, maintain and use process oriented rather than content oriented strategies.
6. Develop and use a well developed evaluation, feedback, adaptation system.

The model exemplifies application of these principles through its components. These principles are universally applicable to any education and training system.

DIAGRAM I

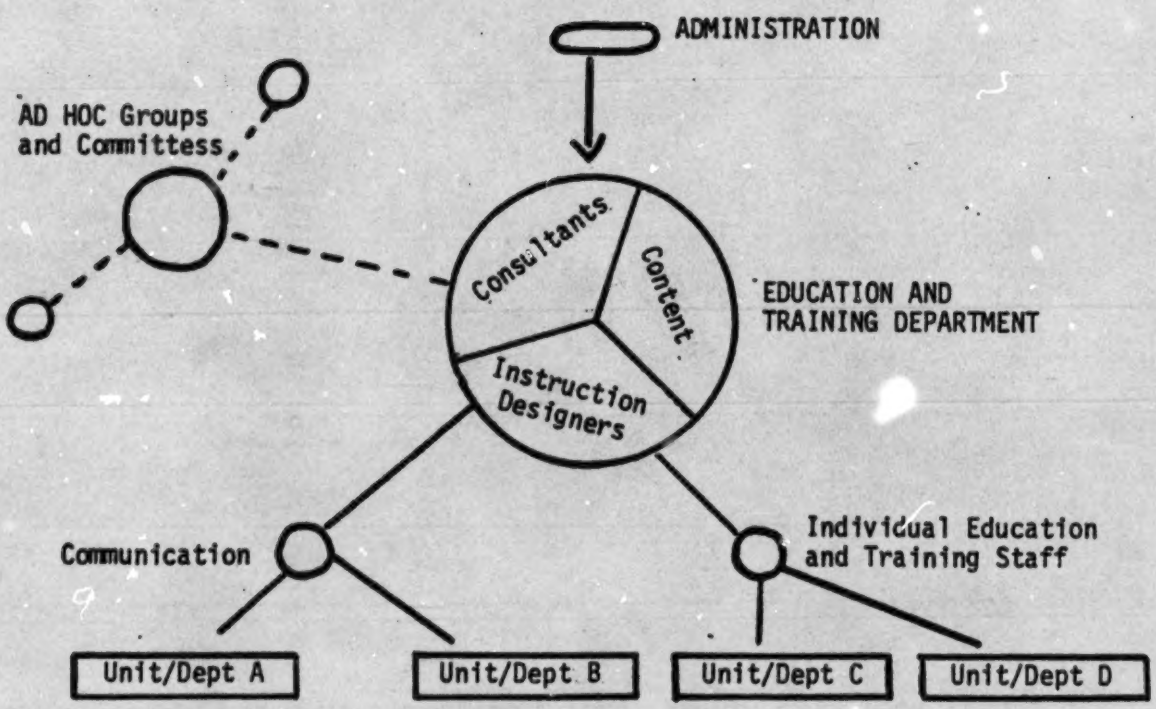
ADMINISTRATION
AD HOC Groups
and Committess
Consultants
Content
Instruction
Designers
EDUCATION AND
TRAINING DEPARTMENT
Communication
Individual Education
and Training Staff
Unit/Dept A
Unit/Dept B
Unit/Dept C
Unit/Dept D

EXHIBIT I

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EMPLOYEE CLASS STATISTICS IN COURSE NAME
AS OF 04/02/81

COURSE	TITLE	TITLE DESCRIPTION	DEPARTMENT	COST CENTER	SHIFT		
ACID BASE BALANCE	3577	COR-ED TNG	6000	5201	DAY	1	
					OTHERS	0	
					S-TOTAL	1	*
				CC-TOTAL 1			
			D-TOTAL 1				
	4930	HD NURSE-A	6000	5216	DAY	1	
					OTHERS	0	
					S-TOTAL	1	*
				CC-TOTAL 1			
			D-TOTAL 1				
	7761	STF NUR-A	6000	4422	DAY	0	
					OTHERS	1	
					S-TOTAL	1	*
				5076	DAY	0	
					OTHERS	1	
					S-TOTAL	1	*
				5082	DAY	1	
					OTHERS	0	
					S-TOTAL	1	*
				5216	DAY	2	
					OTHERS	0	
					S-TOTAL	2	*
				CC-TOTAL 5			
			D-TOTAL 5				
	7762	STF NUR-B	6000	5006	DAY	0	
					OTHERS	1	
					S-TOTAL	1	*
				5216	DAY	1	
					OTHERS	0	
					S-TOTAL	1	*
				CC-TOTAL 2			
			D-TOTAL 2				
		T-TOTAL 9					

EXHIBIT 2

COURSE STATISTICS IN COURSE SOURCE
AS OF 04/02/81

COURSE SOURCE	COURSE CATEGORY	ENROLLMENT	CLOCK HRS	COURSE SPONSOR	ENROLLMENT	CLOCK HRS
1	1			4423	26	208
				SP-TOTAL	26	208
	2			4423	157	703
				SP-TOTAL	157	703
	3			4423	11	11
				SP-TOTAL	11	11
	4			4419	3	120
				4423	18	3600
				5073	24	336
				SP-TOTAL	45	4056
	6			4423	22	22
				SP-TOTAL	22	22
	7			4423	53	53
				SP-TOTAL	53	53
	8			4423	478	3518
				SP-TOTAL	478	3518
	10			4423	30	96
				SP-TOTAL	30	96
	11			4423	23	23
				SP-TOTAL	23	23
	13			4423	13	26
				4800	12	24
				SP-TOTAL	25	50
	CAT-TOTAL	870	8740			

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Productivity Report

March 1981 - Productivity Report - Class statistics in course name
The following statistics have been compiled from our automated record for the period September 1, 1980 - March 1, 1981. This is a cumulative report which provides information on the scope and depth of educational interventions.

Course Name	Titles Represented	Cost Centers Represented	Shift Day	Shift Other	Enrollment
Acid Base Balance	4	2	5	0	5
Pituitary Hormones	5	3	8	0	8
Basic Supervision	27	35	42	8	50
Burns - Third degree	11	8	22	0	22
Cerebral Vascular Disease	2	3	7	0	7
CPR Inst. Certification	6	9	10	1	11
CPR Basic Certification	5	9	9	0	22
CPR Recertification	22	31	139	11	150
Closed chest drainage	3	2	4	0	4
Documentation Nsg. Proc.	4	2	5	2	7
Electrolyte Balance	4	2	5	0	5
Facts about Backs	8	5	8	2	10
Fluid Balance	4	2	5	0	5
Hormonal Imbalance Thyroid	5	2	9	0	9
" " Pancreas	5	2	9	0	9
" " Parathyroid	5	2	9	0	9
Hospital Aide Training	2	7	9	0	9
Hypertension - Nsg. Proc.	4	2	5	0	5
Interpret Cardiac Rhythms	6	5	13	0	13
IV Therapy Cert.	3	3	4	7	11
IV Therapy Program	8	15	25	0	25
Cancer Chemotherapy	3	1	12	0	12
Oncology Nursing	3	1	12	0	12
IV Cancer Chemo Series	1	1	1	0	1
IV Cancer Cehmo Legal	2	1	2	0	2
Lead Selection	5	3	13	7	20

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EXHIBIT III

JANUARY 1981 - PRODUCTIVITY REPORT

The following statistics have been compiled from our computor records for the period September - December 1980.

Category	Enrollments	% of total	Student Hours*	% of total	Class Hours	% of total
01 - CPR	11	3.8	88	6.5	8	6.8
02 - Acute Care	40	13.8	172	12.7	40	34.2
03 - Clinical Skills	18	6.2	18	1.3	2	1.7
06 - Grand Rounds	21	7.2	21	1.6	1	.9
08 - Leadership/Management	196	67.4	1014	74.9	58	49.6
10 - Patient Education	5	1.7	40	3.0	8	6.8
TOTAL	291	100.1**	1353	100.0	117	100

* Student Hours = Number of enrollments times clock hours of instructor.
** Errors due to rounding

Category	Number of offerings	% of total
01 - CPR	1	4.5
02 - Acute Care	9	40.9
03 - Clinical Skills	2	9.1
06 - Grand Rounds	1	4.5
08 - Leadership / Management	8	36.4
10 - Patient Education	1	4.5
TOTAL	22	99.9

Please advise me on the type and amount of information which would be useful to you.

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